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CONFIRMATION NO. 6706

<b>SERIAL NUMBER</b> 10/552,229	<b>FILING OR 371(c) DATE</b> 10/07/2005 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> K0004/7006
<b>APPLICANTS</b> Wolfgang Dinkelacker, Sindelfingen, GERMANY; <b>** CONTINUING DATA *****</b> <i>SKS</i> This application is a 371 of PCT/EP03/04073 04/17/2003 <i>SKS</i> <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 06/22/2006</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>SKS</i> Acknowledged <i>SKS</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 16
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 64967				
<b>TITLE</b> Jaw implant				
<b>FILING FEE RECEIVED</b> 630	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	